

DEPARTMENT OF REGULATORY AGENCIES

Division of Professions & Occupations

3 CCR 716-1

CHAPTER 15

RULES AND REGULATIONS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES

BASIS: The authority for the promulgation of these rules and regulations by the State Board of Nursing (“Board”) is set forth in Sections 12-38-108(1)(j) and 12-38-111.6 of the Colorado Revised Statutes (C.R.S.).

PURPOSE: Section 12-38-111.6(4.5), C.R.S. sets forth the legal requirements for an Advanced Practice Registered Nurse (APRN) to obtain prescriptive authority in Colorado. First, the APRN must obtain Provisional Prescriptive Authority. Generally, those requirements are:

- Completion of a graduate degree or post-graduate certificate in an advanced practice Role and, if applicable, Population Focus;
- Satisfactory completion of educational requirements as determined by the Board in the use of controlled substances and prescription drugs;
- National certification by a nationally recognized certifying body as determined by the Board in the Role and, if applicable, Population Focus of the APRN, unless the Board grants an exception;
- Professional liability insurance if required by Chapter XXI of the Board’s Rules and Regulations; and
- Completion of at least three (3) years of combined clinical work experience as a professional nurse or as an APRN.

Upon receiving Provisional Prescriptive Authority, the APRN is legally authorized to prescribe medications and controlled substances schedules II-V to patients appropriate to the APRN’s Role and, if applicable, Population Focus. Within three (3) years of receiving Provisional Prescriptive Authority the APRN with Provisional Prescriptive Authority (hereinafter referred to as RXN-P) must:

- Complete a 1000 hour Mentorship with a Physician or an Advanced Practice Nurse with Full Prescriptive Authority and experience in prescribing medications; and
- Develop an Articulated Plan for safe prescribing.

If the RXN-P does not complete these additional requirements within three (3) years of receiving Provisional Prescriptive Authority such authority will expire for failure to comply with statutory requirements.

The purpose of these rules is to further clarify each of the statutory requirements, with the exception of professional liability insurance, which can be found in Chapter XXI of the Board’s Rules and Regulations. These rules apply only to the prescribing relationship and should not be construed to govern other relationships between APRNs and health care providers in other situations.

1 DEFINITIONS

- 1.1 Accrediting Agency: An organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards and is recognized by US Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), Accreditation Commission for Education in Nursing (ACEN), Council on Accreditation of Nurse Anesthesia

Educational Programs (COA), and Accreditation Council for Midwifery Education.

- 1.2 Advanced Practice Registered Nurse (APRN): A professional nurse who meets the requirements of Section 12-38-111.5, C.R.S., who obtained specialized education or training and is included on the Advanced Practice Registry.
- 1.3 Advanced Practice Registry (APR): The Board's record of those professional nurses who are granted APRN status by the Board in accordance with Section 12-38-111.5, C.R.S. and Chapter XIV of the Board's Rules and Regulations.
- 1.4 Applicant: An APRN seeking Provisional Prescriptive Authority in the same Role and, if applicable, Population Focus for which the APRN was recognized on the APR.
- 1.5 Articulated Plan (Plan): A documented plan for safe prescribing, setting forth the RXN's plans to maintain ongoing collaboration with physicians and other health care professionals in connection with the RXN's practice of prescribing medications within their Role and, if applicable, Population Focus, as set forth in Section 6 of these Chapter 15 Rules. The Articulated Plan includes: mechanism for consultation or collaboration and referral; quality assurance mechanisms employed by the RXN to assure safe prescribing; decision support tools for safe prescribing; and ongoing continuing education in pharmacology and safe prescribing within the RXN's Role and, if applicable, Population Focus.
 - 1.5.1 Original Articulated Plan (Original): The initial Articulated Plan developed to obtain Full Prescriptive Authority. The development of the Original Articulated Plan will be documented by the signature of the Mentor, or when applying under Section 8.2 of these Chapter 15 Rules the Physician meeting the requirements of Section 1.12, or RXN meeting the requirements of Section 1.13, verifying such development pursuant to Section 6 of these Chapter 15 Rules.
 - 1.5.2 Updated Articulated Plan (Updated): Changes to the Original Plan, as needed pursuant to Section 6.4.1 of these Chapter 15 Rules. An Updated Plan may replace and may be a re-write of the Original Plan and must address all of the elements included in the Original Plan. The Updated Plan does not require signatures of Mentors, Physicians or other RXNs.
- 1.6 Board: The State Board of Nursing.
- 1.7 Certifying Body: A non-governmental agency approved by the Board that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined APRN Role and, if applicable, Population Focus.
- 1.8 Clinical Work Experience: Any relevant experience accumulated as a professional nurse or an advanced practice registered nurse, including paid or unpaid work experience, volunteer work, or student work. The gratuitous care of friends or members of the family is not included in Clinical Work Experience.
- 1.9 DEA: Drug Enforcement Administration.
- 1.10 Disciplinary Sanction: Any current restriction, limitation, encumbrance or condition on a Physician Mentor's medical license or on a RXN Mentor's nursing licenses, including confidential participation in a peer health assistance or an alternative to discipline program authorized by the Mentor's licensing board.
- 1.11 Full Prescriptive Authority: The authority granted to the RXN to prescribe medications upon completion of the requirements set forth in Section 4.2 of these Chapter 15 Rules.
- 1.12 Mentor: Physician Mentor: A person who holds a license to practice medicine in Colorado or a physician who is otherwise exempted from licensure pursuant to Section 12-36-106(3)(i), C.R.S. The physician's license must be in good standing without Disciplinary Sanction as defined in

Section 1.10 above. The Physician Mentor must be actively practicing medicine in the State of Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role and, if applicable, Population Focus of the RXN-P. The Physician Mentor must also have an unrestricted DEA registration.

- 1.13 Mentor: RXN Mentor: A professional nurse who has met the qualifications for an APRN, is included on Colorado's APR, has Full Prescriptive Authority in Colorado, and has experience prescribing medications with full prescriptive authority preceding the beginning of the Mentorship. The RXN Mentor's nursing license must be without Disciplinary Sanction as defined in Section 1.10 above. The RXN Mentor shall have an active practice in Colorado and shall have education, training, experience and a practice that corresponds with, but need not be identical to, the Role and, if applicable, Population Focus of the RXN-P. The RXN Mentor must have an unrestricted DEA registration.
- 1.14 Mentorship: A formal, Mutually Structured relationship between an RXN-P, as defined in Section 1.24 below, and a Physician Mentor or RXN Mentor to further the RXN-P's knowledge, skill, and experience in prescribing.
- 1.15 Mentorship Agreement: A mutually structured agreement documented in writing and signed by the RXN-P and the Mentor(s) which outlines a process and frequency for ongoing interaction and discussion of prescriptive practice throughout the Mentorship between the Mentor(s) and the RXN-P to assure safe prescribing practice.
- 1.16 Mutually Structured: Developed, implemented, and agreed upon by the RXN-P and the Mentor(s).
- 1.17 Pathophysiology: A minimum of three (3) semester hours or four (4) quarter hours completed at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to the Role and, if applicable, Population Focus of the APRN, including but not limited to pathophysiologic processes of all body systems.
- 1.18 Pharmacology: A minimum of three (3) semester credit hours or four (4) quarter hours completed at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to, but need not be identical to the Role and, if applicable, Population Focus of the APRN, including but not limited to the study of pharmacotherapeutics and pharmacokinetics of broad categories of pharmacological agents.
- 1.19 Physical Assessment: A minimum of three (3) semester hours or four (4) quarter hours completed at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to the Role and, if applicable, Population Focus of the APRN including, but not limited to comprehensive history taking; physical and psychological assessment; pathophysiologic and psychopathologic status of the patient; and development of a clinical diagnosis and management plan.
- 1.20 Population Focus: A broad area of study encompassing the common problems of a specific group of patients and the likely co-morbidities, interventions and responses to those problems including, but not limited to, the following areas of practice: primary care across the life span, adults/geriatrics, pediatrics, neonates, women; acute care adults/geriatrics or pediatrics; psychiatry and mental health across the life span. A Population Focus is not defined as a specialty, specific disease, health problem or intervention.
- 1.21 Provisional Prescriptive Authority: The authority granted to the Applicant to prescribe medications within the Role and, if applicable, Population Focus of the APRN pursuant to Section 4.1 and Section 8.2 of these Chapter 15 Rules.
- 1.22 Role: The advanced practice area for which the Applicant has been prepared including nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and/or clinical nurse specialist (CNS).

- 1.23 RXN: An APRN who is listed on the APR and who has been granted Full Prescriptive Authority by the Board.
- 1.24 RXN Provisional (RXN-P): An APRN who is listed on the APR and who has been granted Provisional Prescriptive Authority by the Board.
- 1.25 Synchronous Communication: Real-time communication; existing or happening at the same time; occurring at the same moment of time; simultaneous. Synchronous Communication will be conducted in a secure manner to safeguard protected information. Synchronous Communication may include the use of electronic communication tools such as audio, web or video conferencing. Synchronous Communication does not include email communications.
- 1.26 Unencumbered: No current restriction to practice in the state of Colorado.

2 EDUCATIONAL REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY

- 2.1 An Applicant for prescriptive authority must have successfully completed a graduate degree or post-graduate nursing certificate in the Role and, if applicable, Population Focus for which the Applicant seeks prescriptive authority. Such coursework shall include a minimum of three (3) graduate semester hours or four (4) quarter hours in each of the following: Pathophysiology, Pharmacology and Physical Assessment. The coursework in Pharmacology shall include education on prescribing drugs and controlled substances.
- 2.2 The transcript shall verify date of course completion, grade and credits awarded. Applicants must provide copies of course descriptions or course syllabi when the required coursework in Physical Assessment, Pathophysiology, and Pharmacology is integrated into broad categories of advanced practice courses or when course titles do not accurately reflect course content.
 - 2.2.1 Letters of verification are generally not accepted documentation for the educational requirements of Physical Assessment, Pathophysiology, and Pharmacology; however, the Applicant may petition the Board on a case-by-case basis for a waiver. The decision to grant or deny such waiver shall be at the sole discretion of the Board.

3 NATIONAL CERTIFICATION REQUIREMENT

- 3.1 Pursuant to Section 12-38-111.6 (4.5)(a)(III) C.R.S., an APRN applying for prescriptive authority must obtain and maintain national certification from a recognized Certifying Body.
- 3.2 Certification requirements for Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS): A Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) must pass the national certification examination as administered by a Certifying Body in the Role and Population Focus for which the APRN is applying for prescriptive authority. Documentation required shall be verification of current certification or recertification from the Certifying Body, as approved by the Board.
 - 3.2.1 If the Applicant cannot meet the requirements above, the Applicant may petition the board for an exception. Exceptions will be reviewed on a case-by-case basis. The decision to grant or deny such exception shall be at the sole discretion of the Board.
- 3.3 Certification requirements for Certified Registered Nurse Anesthetist (CRNA): Certified Registered Nurse Anesthetist (CRNA) must pass the national certification examination as administered by the Council on Certification of Nurse Anesthetists. Documentation required shall be verification of current certification or recertification from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, as approved by the Board.
- 3.4 Certification Requirements for Certified Nurse-Midwife (CNM): A Certified Nurse-Midwife must meet the standards for education and certification established by the American Midwifery Certification Board (AMCB). Documentation required shall be verification of status as a current holder of an AMCB certificate.

4 REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY

4.1 Requirements for Provisional Prescriptive Authority.

- 4.1.1 Must apply in a manner approved by the Board;
- 4.1.2 Pay application fee;
- 4.1.3 Submit proof of an appropriate degree and satisfactory completion of education requirements as described in Section 2 of these Chapter 15 Rules;
- 4.1.4 Submit verification of National Certification as described in Section 3 of these Chapter 15 Rules;
- 4.1.5 An attestation of having professional liability insurance pursuant to Section 12-38-111.8, C.R.S. and Chapter XXI Rules and Regulations;
- 4.1.6 Submit verification of inclusion on the Advanced Practice Registry pursuant to Section 12-38-111.5, C.R.S.;
- 4.1.7 An attestation stating the Applicant has completed at least three (3) years of Clinical Work Experience, as defined in Section 1.8 of these Chapter 15 Rules;
- 4.1.8 An attestation stating that the Applicant's Mentor(s) meets requirements in Section 1.12 or 1.13 of these Chapter 15 Rules;
 - 4.1.8.1 The Applicant under Section 8.2 of these Chapter 15 Rules with prescriptive authority and at least 1000 hours of prescribing experience in another state is not required to have a mentorship and must apply for Full Prescriptive Authority within one (1) year of obtaining Provisional Prescriptive Authority or the Provisional Prescriptive Authority will be expired.
- 4.1.9 Has an active professional nurse and APRN license that is in good standing and without disciplinary sanctions or significant adverse prescribing as determined by the Board.

4.2 Requirements for Full Prescriptive Authority.

- 4.2.1 Submit an application in a manner approved by the Board which includes:
 - A. An attestation of successful completion of 1000 hours experience in a Mentorship or if applying under Section 8.2 of these Chapter 15 Rules an attestation of prescriptive authority and 1000 hours of prescribing experience in another state;
 - B. An attestation of development of an Articulated Plan as described in Section 6 of these Chapter 15 Rules; and
 - C. An attestation, signature, and license number of the Mentor verifying the development of the Articulated Plan for safe prescribing in accordance with these Chapter 15 Rules; or
 - For those applying under Section 8.2 of these Chapter 15 Rules with prescriptive authority and at least 1000 hours of prescribing experience in another state the development of the Articulated Plan must be attested to by a Physician or RXN who meets the requirements set forth in Sections 1.12 and 1.13 of these Chapter 15 Rules.
- 4.2.2 The application for Full Prescriptive Authority must be submitted within three (3) years of being granted Provisional Prescriptive Authority or if applying under Section 8.2 of these Chapter 15 Rules within one (1) year of being granted Provisional Prescriptive Authority.

4.2.2.1 If the RXN-P cannot meet the requirements in Section 4.2.2, the RXN-P may petition the Board for an exception to demonstrate competence. Exceptions will be reviewed on a case-by-case basis. The decision to grant or deny such exception will be at the sole discretion of the Board.

4.3 Any application not completed within one (1) year of the date of receipt of the application expires and will be purged.

5 MENTORSHIP REQUIREMENTS

5.1 To obtain Full Prescriptive Authority, the RXN-P must complete 1000 hours of documented experience in a Mentorship. The Mentorship shall be conducted with either a Physician Mentor or RXN Mentor [hereinafter referred to as Mentor(s)] as defined in Sections 1.12 and 1.13, respectively. The Mentorship must be completed within three (3) years after Provisional Prescriptive Authority is granted.

5.1.1 This Section 5 does not apply to the RXN-P with prescriptive authority and at least 1000 hours of prescribing experience in another state applying for Full Prescriptive Authority as set forth in Section 8.2 of these Chapter 15 Rules.

5.2 The Mentorship Agreement shall contain the following elements:

5.2.1 Is documented in writing and signed by the RXN-P and the Mentor(s).

5.2.2 Outlines a process, documentation, and frequency for ongoing Synchronous Communication, interaction and discussion of prescriptive practice throughout the Mentorship between the Mentor(s) and the RXN-P to provide for safe prescribing practice.

5.3 The Mentorship Agreement shall be retained for a period of three (3) years by the RXN and the Mentor(s) following completion of the Mentorship and shall be available to the Board upon request.

5.4 The RXN-P and the Mentor(s) shall provide documentation of the successful completion of the Mentorship as requested by the RXN-P to complete an application to obtain Full Prescriptive Authority. The Mentor(s) shall not, without good cause, withhold his/her signature or otherwise fail to attest to the completion of the Mentorship. Upon submission of the application and development of the Articulated Plan as set forth in Section 6 of these Chapter 15 Rules, the RXN-P may be granted Full Prescriptive Authority.

5.5 If a circumstance such as retirement, illness, relocation or other event precludes any Mentor from continuing in the Mentorship, the RXN-P shall secure a replacement Mentor and enter into a new, Mutually Structured Mentorship. Any hours accrued during the period of time in which the RXN-P does not have a Mentor will not be credited toward completion of the 1000 hour Mentorship.

5.6 The Mentor(s) shall not require payment or employment as a condition of entering into the mentor relationship. The Mentorship relationship should not be financially burdensome to either party. In recognition of the Mentor(s) time and expertise, reasonable expenses may be paid. Compensation by the RXN-P to the Mentor(s) should be agreed upon as part of the Mutually Structured Mentorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Mentorship.

6 ARTICULATED PLAN

- 6.1 To obtain Full Prescriptive Authority, the RXN-P must develop an Articulated Plan for safe prescribing within three (3) years after Provisional Prescriptive Authority is granted. The RXN-P's Mentors are required to provide a one-time signature on the Articulated Plan to verify that the RXN-P has developed the plan for safe prescribing in accordance with these Rules.
- 6.2 To obtain Full Prescriptive Authority when applying as an APRN with prescriptive authority in another state, under Section 8.2 of these Chapter 15 Rules, the RXN-P must develop an Articulated Plan for safe prescribing within one (1) year after Provisional Prescriptive Authority is granted. The RXN-P will obtain a one-time signature of a Physician or RXN who meets the requirements set forth in Sections 1.12 and 1.13 of these Rules. Such signature verifies that the RXN-P has developed an Articulated Plan for safe prescribing in accordance with these Rules.
- 6.3 The Articulated Plan shall contain the following elements:
 - 6.3.1 General information about the RXN-P and the Articulated Plan including:
 - A. Name of the RXN-P;
 - B. Role and, if applicable, Population Focus of the RXN-P;
 - C. Practice Setting of the RXN-P;
 - D. Signature of the Mentor(s), or Physician or RXN meeting the requirements of Sections 1.12 and 1.13 of these Rules, verifying development of the Articulated Plan; and
 - E. Date the Articulated Plan was developed.
 - 6.3.2 Documents a mechanism for consultation or collaboration with physicians and other appropriate health care providers and a mechanism for referral, when appropriate, to physicians and other appropriate health care providers for issues regarding prescribing.
 - 6.3.2.1 Such documentation shall include a written statement or plan that delineates the resources or contacts available to assist the RXN with regard to issues relating to safe prescribing and prescriptive authority.
 - 6.3.2.2 Such documentation shall also include a written statement or plan for the maintenance of ongoing collaboration with other health care professionals with regard to issues relating to safe prescribing and prescriptive authority.
 - 6.3.3 Sets forth a quality assurance plan for safe prescribing.
 - 6.3.3.1 A quality assurance plan is an individualized process by which an RXN seeks to evaluate the efficacy and quality of his or her prescribing practices. Such measures may include, but are not limited to, peer review, periodic chart audits, prescription audits on the Colorado Prescription Drug Monitoring Program, use of an electronic decision support system and utilization review. The quality assurance plan shall address and be relevant to the RXN's Role and, if applicable, Population Focus.
 - 6.3.4 Identifies decision support tools the RXN may utilize for prescribing medications.
 - 6.3.4.1 A decision support tool is an assistive tool commonly recognized by healthcare professionals as a valid resource for information on pharmaceutical agents or to aid the RXN in making appropriate judgments regarding safe prescribing. Such tools may include, but are not limited to, electronic prescribing databases, evidenced-based guidelines, antimicrobial reference guides, professional journals and textbooks.
 - 6.3.5 Documents the RXN's ongoing continuing education in pharmacology and safe prescribing.

- 6.3.5.1 Such documentation shall include a personal record of the RXN's participation in programs with content in pharmacology and safe prescribing within the RXN's Role and, if applicable, Population Focus for which continuing education credits or certificates of completion are awarded. The RXN must maintain up to five (5) years, if applicable, of documentation of continuing education in the Articulated Plan.
- 6.4 The RXN must review the Articulated Plan at least annually after Full Prescriptive Authority has been granted by the Board and for so long as the RXN holds Full Prescriptive Authority in Colorado. Each annual review must be signed and dated by the RXN on the Articulated Plan.
 - 6.4.1 The RXN must Update the Articulated Plan when the RXN has a change to any of the following:
 - A. Practice setting;
 - B. Mechanism or resources for consultation, collaboration, and referral;
 - C. Quality assurance plan (frequency or method);
 - D. Decision support tools; or
 - E. Continuing education in pharmacology and safe prescribing.
 - 6.4.2 Updates to the RXN's Articulated Plan must be signed and dated by the RXN.
- 6.5 The Original Articulated Plan will be retained by the RXN.
 - 6.5.1 The Articulated Plan must be reviewed and Updated as described in Section 6.4 of these Chapter 15 Rules.
 - 6.5.2 The Articulated Plan documenting annual reviews will be available to the Board upon request for so long as the RXN has prescriptive authority.
- 6.6 The RXN-P and the Mentor(s), or when applying under Section 8.2 of these Chapter 15 Rules, the Physician or RXN meeting the requirements of Sections 1.12 and 1.13 of these Chapter 15 Rules, will attest to the development of the Original Articulated Plan as requested by the RXN-P to complete the application for obtaining Full Prescriptive Authority. The Mentor(s), or when applying under Section 8.2 of these Chapter 15 Rules, the Physician or RXN shall not, without good cause, withhold signature or otherwise fail to provide timely verification of completion of the Original Articulated Plan. Upon development of the Articulated Plan, successful completion of the Mentorship as set forth in Section 5 of these Rules, and application, the RXN-P may be granted Full Prescriptive Authority by the Board.

7 OTHER REQUIREMENTS

- 7.1 An RXN-P or RXN must hold a valid DEA registration to prescribe controlled substances and must adhere to all DEA requirements.
- 7.2 Pursuant to Section 12-38-111.6 (8)(c)(II), C.R.S., nothing in these Chapter 15 Rules shall be construed to require a registered nurse to obtain prescriptive authority to deliver anesthesia care.
- 7.3 Pursuant to Section 12-38-111.6(10), C.R.S., nothing in these Chapter 15 Rules shall be construed to permit dispensing or distribution, as defined in Section 12-22-102, C.R.S., by an RXN, except for receiving and distributing a therapeutic regimen of prepackaged drugs prepared by a licensed pharmacist or drug manufacturer registered with the FDA and appropriately labeled, free samples supplied by a drug manufacturer, and distributing drugs for administration and use by other individuals as authorized by law.

8 REQUIREMENTS FOR AN ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY IN ANOTHER STATE TO OBTAIN FULL PRESCRIPTIVE AUTHORITY IN COLORADO

- 8.1 All applicants for Full Prescriptive Authority must first obtain Provisional Prescriptive Authority in Colorado pursuant to 12-38-111.6, C.R.S. and these Chapter 15 Rules.
- 8.2 Requirements to apply for Full Prescriptive Authority for applicants with prescriptive authority and at least 1000 hours of documented experience prescribing medications in another state:
 - 8.2.1 Active Provisional Prescriptive Authority granted pursuant to Section 4.1 of these Chapter 15 Rules; and
 - 8.2.2 Submission of an application for Full Prescriptive Authority within one (1) year of obtaining Provisional Prescriptive Authority, providing evidence of the following:
 - A. Verification of prescriptive authority and 1000 hours of documented experience prescribing medications, in another state, in a manner approved by the Board. The acceptance of the documented hours of experience prescribing medications is at the sole discretion of the Board; and
 - B. Development of an Articulated Plan as set forth in Section 6 of these Chapter 15 Rules.
- 8.3 Requirements to apply for Full Prescriptive Authority for applicants with prescriptive authority and less than 1000 hours of documented experience prescribing medications in another state:
 - 8.3.1 Active Provisional Prescriptive Authority granted pursuant to Section 4.1 of these Chapter 15 Rules;
 - 8.3.2 Completion of the additional hours, up to at least 1000 hours, of experience prescribing medications within a Mentorship as set forth in Section 5 of these Chapter 15 Rules; and
 - 8.3.3 Submission of an application for Full Prescriptive Authority within three (3) years of obtaining Provisional Prescriptive Authority, providing evidence of the following:
 - A. Verification of prescriptive authority and hours of documented experience prescribing medications, in another state, in a manner approved by the Board. The acceptance of the documented hours of experience prescribing medication is at the sole discretion of the Board;
 - B. Additional hours, up to at least 1000 hours, completed within a Mentorship in Colorado; and
 - C. Development of an Articulated Plan as set forth in Section 6 of these Chapter 15 Rules.

9 REINSTATEMENT OF PRESCRIPTIVE AUTHORITY

- 9.1 To apply for reinstatement of prescriptive authority the APRN must possess an active, Colorado or multi-state compact professional nurse license that is in good standing and without Disciplinary Sanction as defined in Section 1.10, and have reinstated the Role and, if applicable, Population Focus on the APR for which the APRN wishes to reinstate Full Prescriptive Authority.
- 9.2 An APRN applying to reinstate Full Prescriptive Authority must complete the reinstatement application for Full Prescriptive Authority and meet the requirements as set forth in Sections 2, 3, 4 and 6 of these Chapter 15 Rules.
 - 9.2.1 If an APRN fails to meet the requirements as set forth in Section 12-38-111.6, C.R.S., and the Provisional Prescriptive Authority expires by operation of law, the APRN must complete a new application for Provisional Prescriptive Authority and meet the current requirements as set forth in Sections 2, 3 and 4 of these Chapter 15 Rules.

- 9.3 An APRN whose Provisional or Full Prescriptive Authority is withdrawn as the result of a disciplinary action under Section 12-38-116.5, C.R.S., as set forth in Section 11.2.1 below, shall not be eligible to apply for Prescriptive Authority for two (2) years after the date of the withdrawal of such Prescriptive Authority. After the end of the two (2) year waiting period an APRN must complete a new application and meet all requirements as set forth in these Chapter 15 Rules.

10 RENEWAL OF PRESCRIPTIVE AUTHORITY

- 10.1 Renewal of Provisional or Full Prescriptive Authority is required at the time of the RXN's professional nurse license renewal in Colorado. Multi-state compact licensed professional nurses granted Provisional or Full Prescriptive Authority by the Board shall be required to renew the Provisional or Full Prescriptive Authority every two (2) years and shall be issued a specific expiration date for the Prescriptive Authority.

11 WITHDRAWAL OF PROVISIONAL OR FULL PRESCRIPTIVE AUTHORITY

- 11.1 An RXN may request that the Provisional or Full Prescriptive Authority be voluntarily withdrawn.
- 11.2 The Board may withdraw Provisional or Full Prescriptive Authority if the APRN no longer meets the requirements for Provisional or Full Prescriptive Authority or the APRN is subject to discipline under Section 12-38-117, C.R.S., in accordance with the procedures set forth in Section 12-38-116.5, C.R.S.
- 11.2.1 The APRN whose Provisional or Full Prescriptive Authority has been withdrawn as a result of disciplinary action under Section 12-38-116.5, C.R.S., shall not be eligible to apply for Prescriptive Authority for two (2) years after the date of the Board's withdrawal of such Prescriptive Authority. For the purpose of this Section 11.2.1, withdrawal of Provisional or Full Prescriptive Authority shall include surrender or revocation of same.
- 11.3 If Provisional or Full Prescriptive Authority has been withdrawn, and the APRN wishes to apply for Provisional or Full Prescriptive Authority, the APRN must file a new application and meet all requirements as set forth in these Chapter 15 Rules at the time of application.

12 DISCIPLINE OF ADVANCED PRACTICE NURSES WITH PRESCRIPTIVE AUTHORITY

- 12.1 RXN and RXN-P disciplinary proceedings shall be the same as set forth in Section 12-38-116.5, C.R.S., and the grounds for discipline are as set forth in Section 12-38-117, C.R.S.

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